

VZCZCXRO7357
RR RUEH DU RUEHMR RUEHRN
DE RUEHSA #2817 2221516
ZNY CCCCC ZZH
R 101516Z AUG 07
FM AMEMBASSY PRETORIA
TO RUEHC/SECSTATE WASHDC 1162
INFO RUCNSAD/SOUTHERN AF DEVELOPMENT COMMUNITY COLLECTIVE
RUEHTN/AMCONSUL CAPE TOWN 4687
RUEH DU/AMCONSUL DURBAN 9061
RUEAUSA/DEPT OF HHS WASHDC
RUEAIIA/CIA WASHINGTON DC
RHEHNSC/NSC WASHDC
RHEFDIA/DIA WASHINGTON DC

C O N F I D E N T I A L PRETORIA 002817

SIPDIS

SIPDIS

PLEASE PASS TO USAID AFR/GH

E.O. 12958: DECL: 08/10/2017

TAGS: [PGOV](#) [PREL](#) [KHIV](#) [EAID](#) [SF](#)

SUBJECT: PRESIDENT MBEKI FIRES DEPUTY HEALTH MINISTER

REF: A. 06 PRETORIA 4320

[1](#)B. PRETORIA 589

[1](#)C. PRETORIA 1021

Classified By: Deputy Chief of Mission Donald Teitelbaum. Reasons 1.4(b) and (d).

[1](#)1. (SBU) President Mbeki on 8 August issued a terse press statement informing the public that he had, "acting in terms of the Constitution of the Republic of South Africa....relieved the Deputy Minister of Health, Ms. Nozizwe Madlala-Routledge, of her duties with effect today." President Mbeki's firing of the outspoken Deputy Health Minister is being widely criticized by ANC alliance partners Congress of South African Trade Unions (COSATU) and the South African Communist Party (SACP) as well as civil society groups. South Africa's most prominent NGO, Treatment Action Campaign, has called it "a dreadful error in judgment that will harm public health care, especially the response to the HIV epidemic." COSATU believes her dismissal "raises fears that the National Strategic Plan Against HIV/AIDS will come to nothing," and the SACP has said the "circumstances under which she was dismissed goes against the spirit of the ANC and SACP." Madlala-Routledge had been credited with providing strong leadership on HIV/AIDS by acknowledging the government's uneven response, encouraging testing and treatment, and establishing close working relations with civil society. Her performance was in sharp contrast to Health Minister Dr. Tshabalala-Msimang's combative style, mixed messages on treatment, and strained relationships with civil society and international organizations (reftels).

[1](#)2. (U) On 10 August, Madlala-Routledge told a press conference that she was dismissed for two reasons. First, she traveled to Madrid to address the International Aids Vaccine Initiative without Mbeki's permission, a fact that has been widely reported within the media over the past week following a leak from the Presidency. Madlala-Routledge said she returned to South Africa on the first flight back as soon as she found out that her trip was not approved. Second, she paid a surprise visit to a hospital last month that had been the subject of an undercover investigation by a local newspaper for its high death rate among infants. After her visit, Madlala-Routledge publicly condemned the quality of care, saying it reflected a national emergency in health care. (NOTE: Immediately after, Dr. Tshabalala-Msimang sent an investigative team to the hospital, which issued a contradictory written report claiming the infant death rate was comparable to other hospitals. END NOTE)

¶3. (C) COMMENT: Madlala-Routledge's dismissal is disappointing, but not surprising. The Deputy Health Minister may have provided great leadership in the eyes of civil society and the international community, but often highlighted the government's failures in addressing the epidemic. In fact, her public criticisms of the President and Health Minister made it appear at times as if she wanted to be fired. Moreover, Health Minister Tshabalala-Msimang, who is very close to Mbeki, has never had a good relationship with her deputy. Madlala-Routledge is likely to remain involved in the struggle against HIV/AIDS as a Member of Parliament and as an HIV/AIDS activist.

¶4. (C) COMMENT CONT'D: During the Health Minister's prolonged absence leading up to and after her liver transplant, the health community, including the US Government, was able to foster better relations with the National Department of Health. Madlala-Routledge spearheaded a more collaborative effort among partners which resulted in the development of the SAG's National Strategic Plan for HIV/AIDS for 2007-2011, which has been embraced by US Government stakeholders and civil society. If and how her dismissal will affect the implementation of the new National Strategic Plan is unknown, but her dismissal may make relations between USG agencies working on HIV and broader health issues and the National Department of Health more difficult. END COMMENT.
Bost